



# STEP 1 OFFENDER GRIEVANCE FORM

OFFICE USE ONLY	
Grievance #:	2014208671
Date Received:	8-26-14
Date Due:	10-5-14
Grievance Code:	814
Investigator ID #:	18.9
Extension Date:	
Date Retd to Offender:	AUG 27 2014

Offender Name: Baker. M TDCJ # 1654093  
 Unit: DL Housing Assignment: J207B  
 Unit where incident occurred: \_\_\_\_\_

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? \_\_\_\_\_ When? \_\_\_\_\_

What was their response? \_\_\_\_\_

What action was taken? \_\_\_\_\_

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

*Response only*



Texas Department of Criminal Justice

# STEP 2

## OFFENDER GRIEVANCE FORM

## OFFICE USE ONLY

Grievance #: 2014205674  
 UGI Recd Date: SEP 03 2014  
 HQ Recd Date: SEP 08 2014  
 Date Due: 10/8  
 Grievance Code: 814  
 Investigator ID#: W. W. W.  
 Extension Date: \_\_\_\_\_

Offender Name: Michael Baker TDCJ # 1654093  
 Unit: Price Daniel Housing Assignment: J-207-B  
 Unit where incident occurred: Price Daniel

*You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.*

Give reason for appeal (Be Specific). *I am dissatisfied with the response at Step 1 because...*

The Warden's response to grievance #2014205674 is flawed for the following reasons.

A legitimate accommodation for my stomach impairment continues to be unavailable.

Major Ware's true and accurate comments are noted in my Step 1. At no time during Major Ware's and my conversation was I advised to inform dinning room officers of my pass if I required more time to eat. The subject of my conversation with her was to bring to her attention that security officers were not recognizing the pass. Furthermore, instructing me to present a pass that by policy is not acknowledged as valid is inconsistent with the now known discriminatory policy/practice of prohibiting the issuance of and the use of a slow eating passes at this unit.

There has not been a single occasion when I have presented my pass to dinning room security officers that I have been permitted additional time to eat. In fact, these request have been met with hostility, suspicion, and condemnation, with dinning room officers parroting the administration's position in not recognizing slow eating passes.

With policy making administration officials, i.e., Major Ware, now confirming what medical staff has been stating to me for years, that security does not want slow eating passes at the unit, a positive resolution of this matter appears to be improbable.

over

This continues to be an ongoing concern that is causing me physical harm and unnecessary pain and suffering.

Offender Signature: M. BenDate: 31 Aug 2014

Grievance Response:

An investigation has been conducted into your complaint. A statement was obtained from Major Ware. Major Ware stated that you were told to utilize the 20 minutes that is given and if you could not finish in the 20 minutes, to show your pass to the officer and you would be allowed more time. You were informed that if you utilized the 20 minutes visiting and talking with other offenders, you would not be allowed more time. There is no staff misconduct noted. No action warranted.

Signature Authority:

B. PARKER

Date:

SEP 15 2014Returned because: *\*Resubmit this form when corrections are made.*

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.\*
- ☐ 3. Originals not submitted.\*
- ☐ 4. Inappropriate/Excessive attachments.\*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.\*

CGO Staff Signature: \_\_\_\_\_

**OFFICE USE ONLY****Initial Submission**

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**2<sup>nd</sup> Submission**

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**3<sup>rd</sup> Submission**

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_



Texas Department

Exhibit 2

OFFICIAL USE ONLY

**STEP 1** GRIEVANCE FORM

vance #:

2014152758

Received:

MAY 29 2014

Date Due:

7-8/14

Grievance Code:

505

Investigator ID #:

Z1569

Extension Date:

JUN 04 2014

Date Retd to Offender:

Offender Name: Michael Baker TDCJ # 1654093  
Unit: Price Daniel Housing Assignment: J-207B  
Unit where incident occurred: Price Daniel

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? I-60 to Warden When? 25 May 2014

What was their response? No answer

What action was taken? None

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

The Price Daniel Unit is not in compliance with TDCJ policy that allows offenders 20 minutes in the chow hall to eat. Currently the time given is considerably less than that. Attached is a 31 day analysis that I have conducted that clearly demonstrates that policy is not being complied with. The TDCJ Offender Handbook, page 14, section D, rule # 9, states "Offenders will be given 20 minutes to eat from the time they enter the dining room until they depart".

This failure to follow policy has been particularly harmful to me as I've had a gastric bypass, a surgical alteration requiring that I eat slowly, (see and incorporate grievance # 2013-055). This surgical alteration physically prevents me from eating quickly. When I attempt to do so I experience substantial pain, vomiting and dumping syndrome. It's my belief that after years of asking, unsuccessfully, for a reasonable accommodation for my disability, I now suffer from permanent internal damage.

Although, 20 minutes is not sufficient for my needs it is preferable to the far less time that is currently allowed.

MAY 29 2014

MAY 29 2014

## Action Requested to resolve your Complaint.

That TDCJ policy is followed and that I am not retaliated against for this grievance.

Offender Signature: M. Bunn

Date: 28 May 2014

Grievance Response:

Your complaint has been addressed. Offenders are allowed 20 minutes from the time they enter the chow hall. We will continue to monitor to ensure sufficient time is being allowed to complete the meal. No action warranted at this time.

Signature Authority: AW

Date: 6-03-14

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: \*Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. \*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments. \*
- ☐ 5. No documented attempt at informal resolution. \*
- ☐ 6. No requested relief is stated. \*
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. \*
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # \_\_\_\_\_
- ☐ 10. Illegible/Incomprehensible. \*
- ☐ 11. Inappropriate. \*

UGI Printed Name/Signature: \_\_\_\_\_

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: \_\_\_\_\_

I-127 Back (Revised 11-2010)

## OFFICE USE ONLY

Initial Submission UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**2<sup>nd</sup> Submission** UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**3<sup>rd</sup> Submission** UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

Appendix F

THOMAS A. Mc CAUGHAN AW

APRIL 2014

19	B- 0348-0358=10 Minutes	Norwood	Pancakes
	L- 1017-1031=14 "	Ms.Norman	Hamburger
	D- 416- 429=13 "	Westbrook	Hamburger
20	B- 0405-0429=13 "	Norwood	Eggs
	L- 1036-1050= 8 "	Rodriguez	Pork Chops
	D- 349- 403=14 "	Rodriguez	Pork Noodle Cass
21	B- 0405-0413=12 "	Sgt. Simmons	French Toast
	L- 1036-1050=14 "	Sgt. Rosales	Burger/Pork Patty
	D- 424- 439=19 "	Hamitt	Burger
22	B- <del>0353-0405=13</del> 0405=13 <sup>13</sup> "	Brown	Pancakes
	L- 1040-1056=16 "	Gallegoes	Burger
	D- 318- 335=17 "	Alvarez	Burger
23	B- 0357-0406= 9 "	Lt.Vondra	Eggs
	L- 1043-1058=15 "	Bivens	Burger
	D- 318- 335=17 "	Bivens	Beef Pot Pie
24	B- 0407-0419=12 "	Flores	Pancakes
	L- 1105-1116=11 "	Martinez	Pork Chops
	D- 418- 432=14 "	Olivarez	Taco's
25	B- 0444-0458=14 "	Simmons	Fried Eggs
	L- 1051-1107=16 "	Hernandez	Burger
	D- 433- 449=16 "	Delarose	Pork Noodle Cass
26	B- 0416-0424= 8 "	Sullivan	Pancakes
	L- 1016-1030=14 "	Paneda	Tuna
	D- 403- 417= 14 "	Mrs.Dean	Burger
27	B- 0415-0423= 8 "	Martinez	Eggs
	L- 1047-1103=16 "	Mrs.Norman	Pork Patty
	D- 418- 432=14 "	West	Burger
28	B- 0423-0432= 9 "	Cardoza	Pancakes
	L- 1040-1053=13 "	Foster	Fish
	D- 419- 433=14 "	Mrs.Norman	Eggs
29	B- 0415-0422= 7 "	Cardoza	Pancakes
	L- 1013-1023=10 "	Petree	Burger
	D- 411- 423=13 "	Bivens	Tuna
30	B- 0353-0402=10 "	Taylor	Pancakes
	L- 1043-1045=12 "	Petree	Burger
	D- 412- 428=16 "	Petree	Spaghetti

MAY 2014

1	B- 0347-0353= 8 "	Taylor	Pancakes
	L- 1040-1053=13 "	Smith	Chicken
	D- 418- 432=14 "	Sombs	Burger
2	B- <del>0346</del> 0354=15 "	?	Eggs
	L- 1016-1031=15 "	Hernandez	Burger
	D- 417- <del>430</del> =13 "	?	Tuna

3	B- 0348-0358=10 Minutes	"	?	Pancakes
	L- 1013-1024=11	"	Thielain	Pork Patty
	D- 424- <del>439</del> 19	"	Watson	Burger
4	B- Missed	"	?	?
	L- 1018-1031=13	"	Perez	Burger
	D- 403- 419=16	"	Paneda	Beef Noodle Cass
5	B- 0401--411=10	"	Pena	Pancakes
	L- 1113-1200=17	"	Garza	Nachos
	D- 447- 503=16	"	Garza	Burger
6	B- <del>0023-0035</del> =12	"	Norwood	Eggs
	L- 1201-1219=13	"	Smith	Pork Patty
	D- 403- 419=16	"	Watson	Meatloaf
7	B-0405-0416=11	"	Norwood	Eggs
	L- 1201-1219=18	"	Olivarez	Tuna
	D- 401- 414=13	"	Plyant	Burger
8	B- 0413-0422= 9 <sup>9</sup>	"	Ajai	Pancakes
	L- 1038-1052=16	"	Thielen	Burger
	D- 413- 428=15	"	?	Pork Patty
9	B- 0423-0424=11	"	Diaz	Eggs
	L- 1101-1115=14	"	Olivarez	Pork Patty
	D- 409- <del>4433</del> =14	"	Thielen	Burger
10	B- 0358-0406= 8	"	Simmons	Pancakes
	L- 1133-1146=13	"	Thielen	Burger
	D- 408- 420=12	"	Smith	<del>Meatloaf</del>
11	B- <del>0408-0420</del> =12 <sup>9</sup>	Smith	?	Eggs
	L- 1018-1030=12	D	Dominequez	Fish
	D- 401- 417=16	"	Dominequez	<del>Spaghetti</del>
12	B- 0418-0425= 7	"	Durben	Pancakes
	L- 1011-1019= 8	"	Foster	Pork Patty
	D- 521- 538=17	"	Paneda	Burger
13	B- 0406-0418=12	"	Donovan	Eggs
	L- 1001-1017=16	"	West	Meatloaf
	D- 508- 525=17	"	Sgt.Lopez	Burger
14	B- 0423-0433=10	"	Parkhurst	French To <del>ast</del>
	L- 1106-1123=17	"	Foster	Smothered Streak
	D- 426- <del>443</del> 17	"	Bevins	Eggs
15	B- 0419-0433=19	"	?	Pancakes
	L- 1006-1020=14	"	Sgt.Seals	Pork Patty
	D- 341-356=15	"	Sgt.Lopez	Fish
16	B- 042500436=11	"	Sgt.Garza	Eggs
	L. 1032-1047=15	"	Villa	Chicken
	D- 403- <del>4419</del> =16	"	Villa	Burger



MAY 2014 cont.

17	B- N/A (Johnny Sacks)		
	L- " "		
	D- " "		
18	B- N/A (Johnny Sacks)		
	L- " "		
	D- N" "		
19	B- N/A (Johnny Sacks)		
	L- 1017-1029=12 Minutes	Lt. Durben	Pork Patty
	D- 425- 443=18 =	Galleros	Smothered Steak
20	B- 0340-0352=12 "	Sanchez	Eggs
	L- 1037-1053=16 "	Slayton	Fish
	D- 425- 442=17 "	Hernandez	Pork Noodle Cass.

( 31 Day Analysis

Breakfast minutes total - 305 minutes, avg. 9.83 minutes

Lunch minutes total - ~~4122~~ minutes, avg. 13.29 minutes

Dinner minutes total - 462 minutes, avg. 14.90 minutes





## Texas Department of Criminal Justice

## STEP 2

OFFENDER  
GRIEVANCE FORM

## OFFICE USE ONLY

Grievance #: 2014152758  
 UGI Recd Date: JUN 16 2014  
 HQ Recd Date: JUN 19 2014  
 Date Due: 7-21  
 Grievance Code: 505  
 Investigator ID#: I0317  
 Extension Date: L

Offender Name: Michael Baker TDCJ # 1654093  
 Unit: Price Daniel Housing Assignment: J-207-B  
 Unit where incident occurred: Price Daniel Unit

*You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.*

**Give reason for appeal (Be Specific).** *I am dissatisfied with the response at Step 1 because...*

The time allowed for offenders to eat in the dining room remains woefully inadequate. Despite the administration's promise to correct this problem, an additional analysis conducted during June 6, 2014 thru June 11, 2014 clearly shows no changes have taken place, (see attached analysis #2).

It appears the unit is not going to comply. This complaint has been made in the past only to see its compliance last for a short duration until it reverts back to its old ways. Members of the security staff are often over heard boasting on how quickly they can run chow, it appears to be a competition among them.

This continuing deprivation requires something more permanent be put in place.

Offender Signature: \_\_\_\_\_

Date: 12 June 2014

Grievance Response:

Your complaint has been reviewed and noted. An appropriate investigation was conducted and addressed at the Unit Level. You were correctly advised that you have 20-minutes to eat from the time you enter the chow hall until you leave. Review of your Step II grievance indicates no evidence or information that would warrant further investigation into your allegations. No further action is warranted.

MARK ROTH

JUN 24 2014

Signature Authority: \_\_\_\_\_

Date: \_\_\_\_\_

Returned because: \*Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.\*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments.\*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.\*

CGO Staff Signature: \_\_\_\_\_

**OFFICE USE ONLY****Initial Submission**

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**2<sup>nd</sup> Submission**

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**3<sup>rd</sup> Submission**

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

Grievance # 2014152758

ANALYSIS # 2  
JUNE 2015

June 6	B	0430-0441=11	Bishop	Eggs
	L	1106-1121=15	Theilen	Pork Patty
	D	430- 446=16	Martinez	Meat loaf
7	B	0345- 0359=14	Bishop	French Toast
	L	0957-1013=16	Byrd	Tuna
	D	355- 414=19	Ortiz	Burger
8	B	0413-0422= 9	?	Pancakes
	L	1123-1135=12	Hamit	<del>Bork</del> Patty
	D	457- 508=11	Ortiz	Pork Patty
9	B	0357-0407=10	Lt. Vondra	Eggs
	L	0957-1009=12	Sgt. Seils	Burger
	D	407- 422=15	Hernandez	Pork Patty
20	B	0340-0351=11	Simms	Pancakes
	L	1126-1138=12	Alvarez	Pork Patty
	D	447- 502=15	Thielen	Meat loaf
11	B	0407-0416= 9	Lt. Vondra	Fried Eggs
	L	1111-1124=13	Ovilvarez	Tuna
	D	605- 619=14	Lt, Vondra	Spagetti

Due to the unexpected Lock down, this analysis is only for 6 of the 15 days that were available to file the Step 2-June 12 thru present. No hot meals were available.

Breakfast average,	71 minutes----	11 minutes average
Lunch	" 80 " ----	13 " "
Dinner	" 90 " ----	15 " "

Exhibit 3

Texas Department



## STEP 1

OFFENDER  
GRIEVANCE FORM

Offender Name: MICHAEL BAKER TDCJ # 1654093  
 Unit: DANIEL Housing Assignment: P-32  
 Unit where incident occurred: DANIEL

Grievance #: 2013050955  
 Date Received: DEC 07 2012  
 Date Due: 01-16-13  
 Grievance Code: 648 ✓  
 Investigator ID #: T/SLG  
 Extension Date: \_\_\_\_\_  
 Date Retd to Offender: DEC 17 2012

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? T. ROSE M.D. When? 30 NOV 2012

What was their response? NO, UNIT DOES NOT ALLOW.

What action was taken? NONE

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

REFER TO GRIEVANCE # 201106593 (CONTINUING MEDICAL ISSUE). I'VE HAD GASTRIC  
BYPASS SURGERY. THIS RADICAL PROCEDURE SURGICALLY ALTERED MY GASTRO INTESTINAL TRACK.  
IT REMOVED 3' OF INTESTINE, CREATED 2 STOMACHS OF WHICH ONLY ONE IS VIABLE AND ITS  
VOLUME CAPACITY WAS LIMITED TO 4 OZ. THE ENTRY INTO AND OUT OF THIS WORKABLE STOMACH HAS  
BEEN DECREASED TO THE SIZE OF A PENCIL TO PHYSICALLY RESTRICT ME FROM EATING QUICKLY OR  
EVER EATING. A MINIMUM OF 20-25 MINUTES OF ACTUAL EATING IS REQUIRED FOR  
ME TO CONSUME A MEAL. ANY ATTEMPTS TO VIOLATE THESE RESTRICTIONS CAUSE ME GREAT  
PAIN / DISCOMFORT, E.G., POST OPERATIVE DRUGING SYNDROME.

THIS IS A PHYSICAL IMPAIRMENT WHICH SUBSTANTIALLY LIMITS MY ABILITY TO EAT. I NEED A REASONABLE  
ACCOMMODATION, THAT IS ALLOWED BY TDCJ POLICY, THIS ALLOWS MEDICAL TO ISSUE "SLOW EATING" PASSES  
TO OFFENDER WITH EATING DISABILITIES. I HAVE SEEN R.N. PATRICK AND T. ROSE M.D., BOTH OF  
WHICH HAVE DENIED ME A SLOW EATING PASS. OTHER OFFENDERS THERE IS AT LEAST ONE OTHER  
OFFENDER ON THIS UNIT WITH SUCH A PASS. TDCJ OFFENDER HANDBOOK, PAGE 14, SECTION D,  
RULE # 9, STATES "OFFENDER WILL BE GIVEN 20 MINUTES TO EAT FROM THE TIME THEY ENTER  
THE DINING ROOM UNTIL THEY DEPART". THIS IS NOT BEING COMPLIED WITH BY SECURITY  
PERSONNEL. OFFENDERS ARE GIVEN 10 MINUTES IN THE DINING HALL. THIS PROHIBITS ME FROM  
CONSUMING THE 2200 CALORIES PROVIDED IN THE DINING HALL, RESULTING IN HYPERGLYCEMIA. TO  
CORRECT THIS, R.N. PATRICK AND T. ROSE M.D. HAVE ORDERED AN EVENING SNACK (SANDWICH).  
I AM STILL REQUIRED TO EAT MY MEALS FASTER THAN POSSIBLE. THIS HAS RESULTED IN "THE  
EFFECTS OF THE SURGERY BEING REDUCED AND UNNECESSARY PAIN. I BELIEVE THIS IS A  
CONSPIRACY BY MEDICAL AND SECURITY PERSONNEL TO DISCRIMINATE AGAINST ME.

DEC 07 2012

DEC 8 7 2012

Requested to resolve your Complaint.

AT THIS SITUATION BE FULLY INVESTIGATED AND MONITORED TO ENSURE THAT TDCJ AND MEDICAL SOCIAL COMPLY WITH ALL LAWS, POLICIES AND REGULATIONS.

der Signature:

M. B.

Date: 7 DEC 2012

ance Response:

were seen on 11-30-12 for request a slow eating pass. You were ordered an evening snack daily for 90 days but no order a slow eating pass.

Signature Authority:

Beverly Gayburn RN F HA

Beverly Gayburn RN F HA

Date: 12-11-12

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response.

Grievable time period has expired.

Submission in excess of 1 every 7 days. \*

Originals not submitted. \*

Inappropriate/Excessive attachments. \*

No documented attempt at informal resolution. \*

No requested relief is stated. \*

Malicious use of vulgar, indecent, or physically threatening language. \*

The issue presented is not grievable.

Redundant, Refer to grievance # \_\_\_\_\_

Illegible/Incomprehensible. \*

Inappropriate. \*

Printed Name/Signature: \_\_\_\_\_

ation of the screening criteria for this grievance is not expected to adversely  
the offender's health.

Signature Authority: \_\_\_\_\_

Back (Revised 11-2010)

## OFFICE USE ONLY

Initial Submission

UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

2<sup>nd</sup> Submission

UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

3<sup>rd</sup> Submission

UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_



Texas Department of Criminal Justice  
**STEP 2** OFFENDER  
GRIEVANCE FORM

OFFICE USE ONLY

Grievance #: 2013056955  
UGI Recd Date: DEC 21 2012  
HQ Recd Date: JAN 02 2013  
Date Due: 2-4  
Grievance Code: 1048  
Investigator ID#: 3521  
Extension Date: 3-21

Offender Name: MICHAEL BAKER TDCJ# 1654093  
Unit: DANIEL Housing Assignment: N-98  
Unit where incident occurred: DANIEL

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

REFER TO GRIEVANCE #2013056955. THE STEP 1 RESPONSE DOES NOT ADDRESS THE FACT THAT I  
AM NOT ALLOWED THE TIME REQUIRED TO EAT MY MEALS. ATTEMPTING TO EAT A MEAL IN THE  
TIME ALLOWED IS CAUSING ME UNNECESSARY PAIN AND DAMAGE.  
NURSE DAVIS (FORMALLY KNOWN AS PATRICK), DR. ROSE, M.D., AND NURSE FISK HAVE ALL  
STATED "SECURITY DOES NOT WANT SLOW EATING PASSES ISSUED" AS EVIDENCED BY THE CLINICAL  
NOTES FROM MY CONSULTATION WITH NURSE DAVIS ON 8/19/11, (SEE ATTACHED). NURSE DAVIS'S  
POSITION NOW IS "IF I CONTINUE TO REQUEST THIS PASS THE ONLY OPTION WILL BE TO GRIND  
MY FOOD INTO A LIQUID DIET." AS EVIDENCED BY THE CLINICAL NOTES FROM MY CONSULTATION  
WITH NURSE DAVIS ON 12/12/12, (SEE ATTACHED). WHEN I INSISTED THAT AN EXTRA 10 MINUTES  
TO EAT MY FOOD WOULD BE A REASONABLE ACCOMMODATION FOR MY DISABILITY, NURSE DAVIS  
STATED "GRINDING MY FOOD WOULD BE A REASONABLE ACCOMMODATION," A THREAT?  
MEDICAL SHOULD NOT ALLOW SECURITY TO DICTATE MEDICAL TREATMENTS. GRINDING MY FOOD INTO  
A LIQUID DIET AS OPPOSED TO JUST ALLOWING ME A FEW EXTRA MINUTES TO EAT IS NOT  
REASONABLE AND FAILS TO MEET CONTEMPORARY STANDARDS OF HEALTH CARE. I BELIEVE THIS IS  
DISCRIMINATION AGAINST MY SPECIFIC DISABILITY IS AND IS IN VIOLATION OF THE AMERICANS  
DISABILITY ACT (ADA). THIS APPEARS TO ALSO BE IN VIOLATION OF SEVERAL TDCJ POLICIES INCLUDING  
BUT NOT LIMITED TO "RETRIBUTION" AND "MISTREATMENT OF OFFENDERS AND TX GOV CODE ANN., PENAL  
CODE 39.04, AND SHOULD BE INVESTIGATED.

DEC 21 2012

Offender Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Grievance Response: \_\_\_\_\_

A review of the grievance and documentation has been completed regarding your request for a "slow eating" pass due to having gastric bypass surgery.

Documentation reveals that you arrived to the TDCJ system in 2010 and reported at intake that you had a history of gastric bypass surgery. You have been evaluated for the need to have a "slow eating" pass but the providers have not deemed it necessary for you to have such a pass. Your weight in 2010 was 253 lbs and in December 2012 your weight was 228 lbs. You This has been a gradual decrease over 2 years. There is no indication that you have been denied appropriate medical treatment. If you feel you require further evaluation you may submit a Sick Call Request to the medical department.

Robert H. Kane Jr.  
Health Services Div.  
OPS

Signature Authority: \_\_\_\_\_

Date: \_\_\_\_\_

3/11/13

Returned because: \*Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.\*
- ☐ 3. Originals not submitted.\*
- ☐ 4. Inappropriate/Excessive attachments.\*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.\*

CGO Staff Signature: \_\_\_\_\_

**OFFICE USE ONLY**

Initial Submission CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

2<sup>nd</sup> Submission CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

3<sup>rd</sup> Submission CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_



Exhibit 4

Texas Department

## STEP 1

OFFENDER  
GRIEVANCE FORM

Grievance #: 2011106593  
 Date Received: 02-24-11  
 Date Due: 4-5-11  
 Grievance Code: 505  
 Investigator ID #: J1287  
 Extension Date: 5/5/11  
 Date Retd to Offender: 04-05-11

Offender Name: MICHAEL BAKER TDCJ # 1654 093  
 Unit: DALHART Housing Assignment: G 109 B  
 Unit where incident occurred: INMATE DINING ROOM

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Sgt. LT. JENSSON When? 2-22-11 11:30A

What was their response? NOTHING CAN BE DONE, DIDN'T SEEM INTERESTED, ~~THE~~

What action was taken? NONE

State your grievance in the space provided. Please state who, what, when, where and disciplinary case number if appropriate.

I'VE HAD GASTRIC BYPASS AND REQUIRE MORE TIME TO EAT THAT I HAVE BEEN GIVEN. THE OPENING INTO AND OUT OF, AS WELL AS MY STOMACH, HAS BE SURGICALLY ALTERED. THIS PREVENTS ME FROM EATING QUICKLY. SINCE MY ARRIVAL TO TDCJ I'VE NEVER BEEN ABLE TO COMPLETELY FINISH A MEAL IN THE 5-10 MINUTES GIVEN. BRINGING ANY OF THE FOOD ON MY TRAY BACK TO MY CELL IS CONSIDERED STEALING AND CONTRABAND. WHY ALLOWING ME ADDITIONAL TIME TO EAT IS SUCH A ISSUE ... ?

I HAVE SPOKEN TO SEVERAL OFFICERS AND MEDICAL AT EACH OF THE THREE UNITS I'VE BEEN ASSIGNED CONCERNING THIS PROBLEM WITH NO SUCCESS. ALL I AM ASKING FOR IS A LITTLE MORE TIME, 20 MINUTES TOTAL EATING TIME, NOT 5-10-15 MINUTES STANDING IN LINE THEN 5-10 MINUTES TO EAT. THIS IS ALSO A NUTRITION PROBLEM WHEN I CAN ONLY CONSUME 40%-50% OF A MEAL. I'M IN PAIN EACH MEAL BECAUSE OF THE SPEED I MUST EAT.

SINCERELY,

M. Baker

tion Requested to resolve your Complaint.

MORE TIME (10 ADDITIONAL MINUTES) TO EAT. A SLOW EATING PASS?

PERHAPS 1 TABLE RESERVED FOR THIS OR SIMILAR ISSUES?

Offender Signature:

Date: 2-24-11

Grievance Response:

Your complaint that you cannot eat within the allotted 20 minutes has been reviewed. According to your offender handbook page 14 section D rule #9, you are given 20 minutes to eat. It is recommended that you contact Medical regarding this issue and maybe they can provide assistance in this matter.

Date: 2-24-11

Returned because: \*Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. \*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments. \*
- ☐ 5. No documented attempt at informal resolution. \*
- ☐ 6. No requested relief is stated. \*
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. \*
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # \_\_\_\_\_
- ☐ 10. Illegible/Incomprehensible. \*
- ☐ 11. Inappropriate. \*

JGI Signature: \_\_\_\_\_

-127 Back (Revised 9-1-2007)

OFFICE USE ONLY

Initial Submission	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____
<b>2<sup>nd</sup> Submission</b>	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____
<b>3<sup>rd</sup> Submission</b>	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____



Texas Department of Criminal Justice  
**STEP 2** **OFFENDER**  
**GRIEVANCE FORM**

Offender Name: MICHAEL BAKER TDCJ # 1654 093  
 Unit: DALHART Housing Assignment: G109 B  
 Unit where incident occurred: DALHART

OFFICE USE ONLY	
Grievance #:	<u>2011106593</u>
UGI Recd Date:	<u>4/15/11</u>
HO Recd Date:	<u>APR 21 2011</u>
Date Due:	<u>5-20</u>
Grievance Code:	<u>505</u>
Investigator ID #:	<u>1303</u>
Extension Date:	

*You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.*

Give reason for appeal (Be specific). I am dissatisfied with the response at Step 1 because...

I AM APPEALING THE DECISION OF THE STEP 1 RESPONSE # 2011106593  
BECAUSE WARDENS RESPONSE IS FLAWED. I APPEAL FOR THE FOLLOWING REASONS:

#1. IN THE STEP 1 GRIEVANCE I STATED THAT I HAD ALREADY BEEN TO MEDICAL AT  
LEAST ON THREE OCCASIONS AT EACH OF THE THREE UNITS I HAVE BEEN ASSIGNED TO AT TDCJ, WITH  
NO SUCCESS.

#2. CONSIDERING THAT IT IS IMPOSSIBLE FOR ME TO FINISH MY MEAL IN THE  
ALLOCATED TIME GIVEN BECAUSE MY STOMACH AND INTESTINES HAS BEEN SURGICALLY ALTERED  
DUE TO THE "GASTRIC BYPASS" OPERATION I'VE RECEIVED, ALLOWING ME ADDITIONAL TIME OR  
HAVING ONE TABLE AVAILABLE FOR THIS OR SIMILAR ISSUES WOULD BE REASONABLE ACCOMMODATION.

#3. MY SECOND UNIT (BYRD) THAT I SPENT 19 DAYS AT HAD SUCH A TABLE RESERVED FOR  
SUCH ISSUES AND ISSUED PASSES TO THE INMATES WHO QUALIFIED, "REASONABLE ACCOMMODATION".  
I HAD APPLIED FOR PERMISSION TO SIT AT THAT TABLE BUT WAS TRANSFERRED BEFORE A RESPONSE WAS  
GIVEN TO ME.

#4. "REASONABLE ACCOMMODATION" FOR A VALID REASON.

Offender Signature: M. B.Date: 4-14-2011

## Grievance Response:

An investigation has been conducted into your claim. You have been properly advised at Step 1. No further action is warranted in this matter. -AG-D-

Signature Authority: C. Lawson

C. Lawson

Date:

MAY 03 2011

Returned because: *\*Resubmit this form when corrections are made.*

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible. \*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments. \*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language. \*
- ☐ 6. Inappropriate. \*

CGO Staff Signature: \_\_\_\_\_

## OFFICE USE ONLY

Initial Submission

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

2<sup>nd</sup> Submission

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

3<sup>rd</sup> Submission

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**Correctional Managed Care  
MD/MLP - SICK CALL EXAM**

**Patient Name:** BAKER, MICHAEL A **TDCJ#:** 1654093 **Date:** 08/19/2011 09:06 **Facility:** DANIEL (DL)  
**Age:** 49 year **Race:** W **Sex:** male  
**Most recent vitals from 8/19/2011:** BP: 122 / 87 (Sitting) ; Wt: 233 Lbs.; Height: 73 In.; Pulse: 81 (Sitting) ; Resp: 16 / min; Temp: 97.5 (Oral)  
**Allergies:** NO KNOWN ALLERGIES

**Patient Language:** ENGLISH **Name of interpreter, if required:**

**Current Medications:**

APLISOL 50TESTS/5ML VL ML, 0 ML INTRADERMA ONCE

SCR INITIATED?	x	YES	Date Received: 8/14/11
		NO	

**Today's Problem:** c/o wt problem and nerve pain to face

offender states he was beat up at the holiday unit by another offender and now believes he has nerve damage to the left side of his face because it twitches all the time and is numb and very painful , states he had an mri done in Huntsville dec 2010 but doesn't remember the name of the hospital , also states he had gastric bypass approximately four years ago and has went from 252-233 in 8 wks states he has to swallow his food rapidly here and that cause pain and he has a hard time digesting certain foods states he is hypoglycemic and needs the hs snack not only for hypoglycemia but for protein states he doesn't get the proper amount of protein he needs

**S:** Recently arrived on this unit. See NN above for history. Since getting on this unit he states he is getting more food and is getting longer to eat. Requests slow eating pass. Has had wt loss but BMI remains 31.

Also complaining of numbness to left cheek up to his ear with constant twitching although he has constant pain 3/10 to that cheek.

Reports low blood sugars around 8pm every day. Is requesting snack.

**O:** Alert male in NAD  
 HEENT-TM intact bilat, PERRL, EOMI, facial twitch left below eye

**A:** Parasthesia/neuopathy face  
 Wt loss post gastric bypass  
 Hyperlipidemia

**Plan is as follows:**

1. Will start tegretal 100mg po bid x 30 days with ref #11, Request non formulary approval for this strength due to usage for neuropathy and this is the recommended starting dose
2. Issue pass x 30 days to report to medical for shaking, sinking spells for accucheck
3. Weekly wt x 4
4. CMP, TSH, lipid, CBC
5. Discussed slow eating pass, security discourages this and will wait and see how he does on his unit before considering alternatives
6. Discussed supplements, will check lab and blood sugars before making a decision
7. Follow up in 1 month + CCC hyperlipidemia
8. CBC,CMP q 3 months while on tegretal (will need to be put in after this one)

**Correctional Managed Care  
MD/MLP - SICK CALL EXAM**

**Patient Name:** BAKER, MICHAEL A    **TDCJ#:** 1654093    **Date:** 08/19/2011 09:06    **Facility:** DANIEL (DL)

**Procedures Ordered:**

\*CBC W/DIFF {BABYDMCD PSYLBPSZDBHVCNESLDAHEPHP}:    physical examination

\*COMPREHENSIVE METABOLIC PANEL (CMP) {PSYLABPHEPSZDBHVCNBFAHEPESLDHPESLD}: physical examination

\*THYROID STIMULATING HORMONE [TSH]{CNBFPSYLDMCDTPBPDBLEV2}:    gastric operation nec

LIPID PANEL {CNDBBFHVPSYLDMCDNBP}: gastric operation nec

Electronically Signed by PATRICK, DONNA L. RN, GNP on 08/19/2011.  
##And No Others##

**CORRECTIONAL MANAGED CARE  
CLINIC NOTES**

**Patient Name:** BAKER, MICHAEL A **TDCJ#:** 1654093 **Date:** 12/12/2012 11:18 **Facility:** DANIEL (DL)

**Age:** 50 year **Race:** W **Sex:** male

**Most recent vitals from 12/12/2012:** BP: 133 / 97 (Sitting) ; Wt: 223 Lbs.; Height: 72 In.; Pulse: 59 (Sitting) ; Resp: 16 / min; Temp: 97.8 (Oral)

**CURRENT PEAK FLOWS:** PF 1: ; PF 2: ; PF 3:

**PRIOR PEAK FLOWS:** PF1 : ; PF 2: ; PF 3:

**Allergies:** NO KNOWN ALLERGIES

**Patient Language:** ENGLISH **Name of interpreter, if required:**

**Current Medications:**

**GABAPENTIN 300MG CAPSULE #**

3 CAPS ORAL TWICE DAILY for 30 Days  
NF APPROVAL #694538A [EXP 12/4/13]

**ORDERING FACILITY:** DANIEL (DL)

**ORDERING PROVIDER:** ROSE, TERRANCE L

**COMPLIANCE:** 83.33 %

**REFILLS:** 0 / 11

**EXPIRATION DATE:** 11/29/2013 03:14:00PM

**Today's Problem:** OFFENDER SAW PROVIDER ON 12 4 AND RECCEIVED NEW ORDER TO INCREASE GABAPENTIN 600MG TO 900MG BID. OFFENDER NOW STATES THAT SINCE INCREASING HIS MEDS HE NOW FEELS LIKE HE IS HIGH. "FEELS DIZZY WITHOUT BEING DIZZY" STATES THAT IT IS LIKE HAVING A OUT OF BODY FEELING  
OFFENDER WANTS TO DECREASE MED BACK TO PREVIOUS DOSAGE

12/12/2012 11:18

**S:** See note above. He also wants to readdress the slow eating pass request.

**O:** Alert male in NAD

**A:** Facial parasthesia  
History of gastric bypass

**Plan is as follows:** Request non-form approval to decrease gabapentin to 600mg bid due to reported side effects x 30 days with ref #11

Instructed to request the 600mg at the pill window until the dose is changed, he can refuse 1 tablet each window but reminded not to take the pills and pocket or throw away the 3<sup>rd</sup> tablet until the dose is changed in the computer.

Informed IM that a slow eating pass is not indicated due to no wt loss. If wt loss occurs he can get a ground diet to accommodate his history of gastric bypass. He has current ordered to be weighed monthly to assess this.

**Procedures Ordered:**

Date Time	Description	Diagnosis	Comments	Special Instructions
12/12/2012 11:29AM	MED1-BRIEF OFFICE VISIT (F)	misc diagnosis		



**CORRECTIONAL MANAGED CARE  
CLINIC NOTES**

**Patient Name:** BAKER, MICHAEL A **TDCJ#:** 1654093 **Date:** 12/12/2012 11:18 **Facility:** DANIEL  
(DL)

Electronically Signed by DAVIS, DONNA L. RN, GNP on 12/12/2012.  
##And No Others##

31 July 2014

TDCJ - CID  
Attn. Rick Thaler, Dir.  
P.O.Box 99  
Huntsville, TX. 77342-0099

Re: ADA Complaint, Grievance No's 2014152758, 2013056955 and 2011106593

Dear Director Thaler;

The purpose of this letter is to resolve the issues presented in the grievances noted above. The local medical staff will not make a reasonable accommodation of my medical need for a "slow eating pass" for my pre-incarceration gastric bypass surgery. I believe their refusal is contrary to both the Americans with Disabilities Act (ADA) and the Rehabilitation Act (RA).

The ADA defines "disability" to be a physical impairment that substantially limits one or more major life activities. Gastric bypass surgery permanently and substantially limits the ability to eat and effects the digestion process. Eating is recognized to be a major life activity. Griffin v. UPS, 661 F.3d 216 222 (5th Cir.2011); Waldrip v.Gen.Elec.Co., 325 F.3d 652,655 (5th Cir.1996). The ADA also defines discrimination to include the failure to make reasonable accommodations for the known physical limitations of an individual.

At this time I believe I am being discriminated against by Dr T.Rose M.D., and the unit medical staff by their failure to make the reasonable accommodation of my physical limitaions while eating by refusing to issue a medical "slow-eating" pass. Such a pass would not alter or interfere with unit operational security, (see Health Care Policy # A-08.8).

To discourage me from presenting medical complaints resulting from their disregard of my medical needs, I have been threatened by the clinic staff: "If you continue to complain you will have your food ground up to insure that you can eat the entire meal in the time given." The clinic staff has stated that grinding my food up would be a reasonable accommodation. That claim is not credible as it would be more labor intensive than allowing me additional time to eat. This solution would be contrary to health care policy which states that a pureed diet is "reserved" for patients who are not able to safely chew a mechanical soft diet." (see policy # F-47.1-Therapeutic Diets).

Contributing to this problem is the failure of the security staff to allow even the time required by policy for an inmate to eat. Competition to be the quickest shift to feed the unit is encouraged. (see grievance # 2014152758 along with the noted attachments).

The medical staff has noted in my record on 19 August 2011 that "Security discourages this" type of medical pass. Regardless, such a pass would not affect unit security or Food Service staff, and is allowed by health care policy.

Because of the threat I am reluctant to continue to present any complaints of further side effects to the medical staff resulting from the bypass surgery and their failure to address my complaints in a meaningful, and reasonable way. The known side effects include extreme pain, vomiting, and gastric dumping syndrome. I should not be threatened with an altered diet as a result of my complaints.

Your assistance in this matter will be greatly appreciated.

Sincerely,

*M. Baker*

Michael Baker  
TDCJ # 1654093  
Price Daniel Unit  
938 South FM 1673  
Snyder, TX. 79549

<b>U.S. Postal Service™</b>	
<b>CERTIFIED MAIL™ RECEIPT</b>	
<small>(Domestic Mail Only; No Insurance Coverage Provided)</small>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage	\$ 49.11
Certified Fee	\$ 3.30
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 52.41

*Baker, Michael*  
*#1654093*

Postmark Here  
AUG 6 2014  
USPS

Sent To	TDCJ-CID Rick Thaler Dir
Street, Apt. No., or PO Box No.	PO Box 99
City, State, ZIP+4	Huntsville, Texas 77342-0099

PS Form 3800, August 2006 See Reverse for Instructions

TO: Michael Baker

TDCJ # 1654093

UNIT: Daniel

FROM: TDCJ Ombudsman Office

SUBJECT: Offender Correspondence

You should always attempt to resolve your problem informally at your unit with staff, department and security supervisors, or the warden. Verbally communicate the problem, or submit an I-60 Offender Request to Official. Sending your concerns to the wrong department or agency is inappropriate and only delays valuable response time. Your prison-related issues can be addressed in a timely manner by directing them to the appropriate responsible TDCJ department listed below.

☒ **Your correspondence was forwarded to this office by the Correctional Institutions Division director. This office does not respond to offender complaints or requests. Please contact the appropriate unit staff with your concerns. If informal contact (verbally or I-60) with unit staff does not address your concerns you may then utilize the grievance procedure**

☒ **Offender Grievance Procedure:** Issues regarding unit operations, disciplinary disputes, property issues, mail or any other matter relating to conditions of care or supervision may be formally addressed through the Offender Grievance Procedure if informal contact (verbally or I-60) with unit staff does not address your concerns. Submit your Step 1 grievance to the Grievance Department at your unit. Allow ample time for the Grievance Department to investigate your complaint and return a reply to you. If you appeal a decision to the next level, you must submit a Step 2 grievance along with the original answered Step 1 grievance to the Grievance Department at your unit. Step 2 grievances are reviewed by the regional authority or the Central Grievance Office if you are dissatisfied with the response on the Step 1. Directing grievances to unrelated offices may result in expiration of your grievable time period.

If you wish to comment on the effectiveness and credibility of the grievance procedure, write a letter or send an I-60 request form to the grievance investigator at your unit, or forward to the Central Grievance office at P.O. Box 99, Huntsville, TX 77342-0099.

If you have already pursued the issue through the Offender Grievance Procedure at Step 1 and Step 2; no other administrative remedies are available to you regarding the issue. You may pursue the matter in any manner you choose outside of the agency.

☐ **Offender Protection Issues (OPI):** Immediately contact a correctional officer; security supervisor; warden; assistant warden; or the Classification Department at your unit.

☒ **Medical Care:** The unit physician is the primary care provider at the unit level and is responsible for the determination of medical treatments, medications, medical restrictions, medical passes, and scheduling of services. You should attempt to resolve your problem at the unit level first by contacting the unit medical administrator in writing (sick call request or I-60 request form) for assistance. Subsequently, if you are not in agreement with the provider's response you may utilize the grievance process. You will not be transferred for medical reasons without the approval and recommendation of unit health care providers.

☐ **Office of Inspector General (OIG) Investigation:** Complaints or allegations relating to excessive or unreported use of force, physical harm by staff, or any crime committed by an offender or employee on state property should be directed to the Office of Inspector General, Investigation Division at P.O. Box 4003, Huntsville, TX, 77342. Full details must be provided in order to initiate an investigation in this manner.

☐ **Classification:** Issues related to time disputes; time calculations; sentencing; concurrent time and stacked time; jail time; forfeited good conduct time; back dated good conduct time; class; promotions; cell assignment; or information on various programs should be directed to the Classification Chief at your unit or the Classification & Records Department at P.O. Box 99, Huntsville, TX, 77342-0099.

☐ **Transfer:** Offenders are not at liberty to choose their unit of assignment. Notify the Classification Department at your unit if you have a reason that warrants a transfer. A request for a hardship transfer may be made if an immediate family member, listed on your approved visitation list, is unable to travel long distances. To be considered, you must be at least L1/G3, with no major disciplinary cases for 1 year and more than 200 miles

from home. The family member may submit their request along with a letter from their doctor to verify the medical disability to Joni White, TDCJ-Classifications & Records Department at P.O. Box 99, Huntsville, TX, 77342-0099. A transfer is not guaranteed, but the request will be reviewed for consideration.

☐ **Religion:** Any issue related to religious programs; services; holidays; or activities should be directed through the Chaplain at your unit or the TDCJ Chaplaincy Department at P.O. Box 99, Huntsville, TX, 77342-0099.

☐ **Parole:** Parole review status issues should be directed to the Board of Pardons and Paroles at P.O. Box 13401, Capitol Station, Austin, TX, 78711.

☐ **Education:** Issues related to education should be directed to the Windham School Principal at your unit. Continuing Education issues should be directed to Windham School at P.O. Box 40, Huntsville, TX, 77342. You will not be considered for educational transfer without Windham recommendation.

☐ **Trust Fund & Commissary:** Issues related to your commissary account should be directed to Inmate Trust Fund at P.O. Box 629, Huntsville, TX, 77342. Issues related to commissary purchases, items stocked, or special requests should be directed to the commissary supervisor at your unit.

☐ **Food Service:** Issues related to meals, sack lunches, or special diet menus should be sent to the food service manager for resolution at your unit. If the issue is not resolved at the unit level, then contact the Director of Food Service at P.O. Box 99, Huntsville, TX, 77342-0099 or utilize the Grievance Procedure.

☒ **Legal Assistance:** Issues such as conviction appeal, detainers, divorce, or child support should be directed to an offender's attorney or State Counsel for Offenders, Legal Services Section at P.O. Box 4005, Huntsville, TX, 77342-4005.

☐ **Law Library:** All offender legal issues related to unit operations such as, access to courts; legal visits with other offenders; world attorney visits; indigent, legal or correspondence supplies; postage; policy; and state law information requests should be directed to the law library supervisor at your unit or researched yourself in the unit law library. If you disagree with a response from the law library staff, you may utilize the Grievance Procedure.

☐ **Security Threat Group (STG):** If you feel you have been incorrectly identified as a member of a security threat group, or wish to begin the disassociation process, you should contact the Security Threat Group Officer (STGO) at your unit. The STGO will know the proper procedure to follow in having your STG status reviewed. You may also write to the Security Threat Group Management Office (STGMO) at P.O. Box 99, Huntsville, TX, 77342-0099. However, the STG Management Office relies more on requests and information submitted to them by the Unit STGO than directly from offenders.

☐ **Lockdowns & Shakedown:** Unfortunately, offenders who had nothing to do with a disturbance are often included in a lockdown, and all offenders at a unit are affected by a semi-annual shakedown. The procedures for implementing a lockdown or shakedown are well established and have proven effective in restoring order and ensuring the security of the unit, as well as the safety of offenders and staff. That does not mean the process is pleasant for offenders or staff. If you feel procedures violate policies, you may utilize the Grievance Procedure.

The CID Directors Office does not respond to offender complaints or requests.



Texas Department

Exhibit 1

OFFICE USE ONLY

# STEP 1 GRIEVANCE FORM

Offender Name: Michael Baker TDCJ # 1654093  
 Unit: Price Daniel Housing Assignment: J-207-B  
 Unit where incident occurred: Price Daniel

Grievance #: 2014 205674 ✓  
 Date Received: AUG 26 2014  
 Date Due: 10-5-14  
 Grievance Code: 814  
 Investigator ID #: Z1569  
 Extension Date: \_\_\_\_\_  
 Date Retd to Offender: AUG 27 2014

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Major D. Ware When? 19 Aug 2014

What was their response? Unit policy, will not change it.

What action was taken? none

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate. See and incorporate the following previous grievances, 2014152758, 201305955 and 2011106593.

On 14 August 2014 the unit medical provider prescribed me a "Slow eating pass". This pass is not being recognized by security staff members.

This pass has been issued to me as a reasonable accommodation for a permanent physical disability that I have, i.e., gastric bypass. This pass is something that I have been requesting and been denied multiple times over a period of 4 years, (refer to grievances listed.) The stated and documented reason why its been so difficult to be issued this pass is, "Security discourages this". Now that I possess this pass, the security staff refuses to recognize the validity of it.

On 19 August 2014, I informed Major Ware of this fact and her stated response was "Thats good, I've instructed my people not to." "We don't have slow eating passes here, and I've told medical to stop issuing them!" "You get 20 minutes to eat and with what their serving 20 minutes is enough."

This is intentional interference with prescribed medical treatment. Furthermore, this appears to be evidence that a policy or practice exist of collusion between the medical department and unit administration officials that has denied me the benefits of this pass and that has caused me unnecessary pain and suffering for over 4 years; something I've have repeatedly alleged in previous grievances, (refer to grievances listed). The acts/conduct continues to effect additional injury to me and amount to discrimination concerning my disability. In addition, there appears to be no ligitimate penological purpose for denying the issuance of such passes.

AUG 26 2014